U.S. Department of Labor Office of Labor-Mariagement Standards Washington, DC :20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires *1-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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Ε	OFFOR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From: 1			
3. Name and address of person filing. Name Corey O Stephens 4. Name, file number, and address of labor organization. Name Air Line Pilots Association, Intl. Labor Organization File Number 000-179 P.O. Box, Bidg., Floom No., if any p.O. Box 20168 Street Street Steel Stephens City Mashington State District of Columbia ZIP Code +4 20041 State Virginia ZIP Code +4 20173-5226 5. Position in labor organization. Staff Engineer Enter appropriate data below if, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of mondiary value from an employer whose employees your organization represents of is actively seeking to represent. A. Name if any: P.O. Box, Bidg., Foom No., if any Trade Name, if any: P.O. Box, Bidg., Foom No., if any Signature Signature 15. Signature ar diverification. The undersigned declares, under penalty of Peniry and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)	1. File Number U - 1/086		2. Fiscal Year Covered From:
Name Corey O Stephens Name Air Line Pilots Association, Int1. Labor Organization File Number (000-179) P.O. Box, Bidg. Floom No., if any p.O., Box 20168 Street Street S35 Hermion Firkway City Washington Stale District of Columbia ZIP Code + 4 20041 Stale Virginia ZIP Code + 4 20173-5226 5. Position in labor organization. Staff Engineer Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (notwiding loans) with, or derived income or other ecoromic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Foom No., if any Street Signature 15. Signature ar diverification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Sknowledge yide belief, frue, correct, and complete. (See the section on penalties in the instructions):			1 / 1 / 2004 Through: 12 / 31 / 2004;
P.O. Box, Bidg., Foom No., if any P.O. Box 20168 Street Street 535 Herndon State District of Columbia ZIP Code + 4 20041 State District of Columbia ZIP Code + 4 20041 State Virginia ZIP Code + 4 20179-5226 5 Position in labor organization. Staff Engineer Enter appropriate data below if, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except a specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (notuding loans) with, or derived income or other concrnic benefit of monetary value from an amployer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Foom No., if any Street City Siate Signature 15. Signature ar diverification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge yind belief, true, correct, and complete. (See the section on penalties in the instructions).	3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Street Street 535 Hern3on Farkway City Mashington State District of Columbia ZIP Code + 4 20041 State Virginia ZIP Code + 4 20173-5226 5. Position in labor organization. Staff Engineer Enter approprinte data below II, during the past fasal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other core route benefit of monetary value from an employer whose employees your organization represents or is actively steeking to ropresent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Foom No., if any Street Signature 15. Signature at diversification. The undersigned declares, under penalty of Peripry and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge grid belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Corey O Ste	phens	Name Air Line Pilots Association, Intl.
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	Signed	 _	On 3/9/2005 (703) 689-4333
	- Hoft		

Name of Person Filing Corey Stephens	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if ary:	
P.O. Box, Bldg., Floom No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal ng.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	1
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	NATCA safety replocught me dinner in August.
Name National Air Traffic Controllers Association	
Trade Name, if any: NATCA	
P.O. Box, Bldg., Room No., if any	
Street 1325 Massachusetts Ave., N.W.	
City Washing:on	!
State Distric: of Columbia ZIP Code + 4 20005	

14.b. Amount of payment,

?

or Consultant

13.b. Is the Business an Employer 🗶

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